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PTO/SB/21 (08-00)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/480,826	
	Filing Date	Jan. 10, 2000	
	Confirmation Number	Unassigned	
	First Named Inventor	Taylor, Charles, S.	
	Group Art Unit	3731	
	Examiner Name	Unassigned	
Total Number of Pages in This Submission	3	Attorney Docket Number	GUID-006CON5
ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Revocation, Power of Attorney Change of Correspondence Address <input checked="" type="checkbox"/> Statement Under 37CFR 3.73(b) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard	Remarks
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	ALAN W. CANNON, Reg. No. 34,977		
Signature			
Date	March 13, 2003		

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: March 13, 2003.			
Typed or printed name	Alan W. Cannon		
Signature		Date	March 13, 2003

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**POWER OF ATTORNEY
BY ASSIGNEE**



Attorney Docket	GUID-006CON5
First Named Inventor	Taylor, Charles, S.
Application Number	09/480,826
Group Art Unit	3731
Filing Date	Jan. 10, 2000
Examiner Name	Unassigned
Title: Access Platform for Internal Mammary Dissection	

Cardiothoracic Systems, Inc., assignee of the above-identified application by assignment dated March 30, 1998, hereby revoke all previous powers and appoint:

Name	Registration No.	Name	Registration No.
Alan W. Cannon	34,977		
Ronald D. Devore	39,958		
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as its attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

DIRECT ALL CORRESPONDENCE TO:

Individual Name	Alan W. Cannon, Reg. No. 34,977		
Firm Name	LAW OFFICE OF ALAN W. CANNON		
Address	834 South Wolfe Road		
City, State, Zip	Sunnyvale, California 94086		
Country	U.S.A.		
Telephone	(408) 736-3554	Facsimile	(408) 736-3564

SIGNATURE of Assignee of Record

In accordance with 37 CFR §3.73(b) I hereby certify that I am empowered to act on behalf of the Assignee of the above-identified patent application. The Assignment was recorded with the U.S. Patent Office on **March 30, 1998 at Reel 9084, Frame 0935.**

I declare that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code §1001 and that such willful false statements may jeopardize the validity of the above referenced application or any patent resulting from that application.

Name and Company	Ronald D. Devore; Cardiothoracic Systems, Inc.		
Title	Assistant Secretary		
Signature		Date	March 11, 2003

**REVOCATION OF POWER
OF ATTORNEY OR
AUTHORIZATION OF AGENT**

MAR 21 2003

Attorney Docket	GUID-006CON5
First Named Inventor	Taylor, Charles S.
Application Number	09/480,826
Confirmation Number	Unassigned
Filing Date	Jan. 10, 2000
Art Unit	3731
Examiner Name	Unassigned
Title	Access Platform for Internal Mammary Dissection

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

 X A Power of Attorney or Authorization of Agent is submitted herewith.

AND

 X Please change the correspondence address for the above-identified application to:

Individual Name	Alan W. Cannon		
Firm Name	Law Office of Alan W. Cannon		
Address	834 South Wolfe Road		
City, State, Zip	Sunnyvale, California 94086		
Country	U.S.A.		
Telephone	(408) 736-3554	Facsimile	(408) 736-3564

I am the:

 Applicant; or
 X Assignee of record of the entire interest
(Certificate under 37 CFR 3.73(b) is enclosed.)

SIGNATURE of Applicant or Assignee of Record

Name	Ronald D. Devore
Signature	<i>Ronald D. Devore</i>
Date	<i>March 11, 2003</i>